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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION**
(37 CFR 1.63)

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.18 (e)) required)

Attorney Docket Number	020829-000100US
First Named Inventor	John T. Christeller
COMPLETE IF KNOWN	
Application Number	09 / 743,690
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CHIMERIC POLYPEPTIDES ALLOWING EXPRESSION OF PLANT-NOXIOUS PROTEINS

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY)

July 15, 1999

as United States Application Number or PCT International

(if applicable).

Application Number **PCT/NZ99/00110** and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
331002	New Zealand	7/15/1998	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute my application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 20350 → Place Customer Number Bar Code Label here
OR
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.
Direct all correspondence to: Customer Number 20350 OR Correspondence address below

Name	Address	Address	City	Telephone	State	ZIP	Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

A petition has been filed for this unsigned inventor

Name of Sole or First Inventor:

Given Name (first and middle if any)		Family Name or Surname		
John Tane		Christeller		
Inventor's Signature	<i>J. Christeller</i>		Date	11/4/01
Residence: City	Palmerston North		Country	New Zealand
Post Office Address	492 College Street		Citizenship	NZ
Post Office Address	City	Palmerston North	State	ZIP
Country New Zealand				

Additional inventors are being named on the 3 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → +

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 3

Name of Additional Joint Inventor, if any:

Given Name (first and middle [if any])

 A petition has been filed for this unsigned inventor

Family Name or Surname

Paul William

Sutherland

Date

9/4/01

Inventor's Signature

Residence: City

Auckland

State

Country

New Zealand

Citizenship

NZ

Post Office Address

22 Royal Terrace, Sandringham

Post Office Address

Auckland

State

ZIP

Country

New Zealand

City

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Colleen

Murray

Date

12/4/01

Inventor's Signature

NZ

Residence: City

Palmerston North

State

Country

New Zealand

Citizenship

NZ

Post Office Address

6 Williams Terrace

Post Office Address

Palmerston North

State

ZIP

Country

New Zealand

City

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Ngaire Patricia

Markwick

Date

9/4/01

Inventor's Signature

NZ

Residence: City

Auckland

State

Country

New Zealand

Citizenship

NZ

Post Office Address

21 Lingham Crescent, Torbay

Post Office Address

Auckland

State

ZIP

Country

New Zealand

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 3

Name of Additional Joint Inventor, if any:

Given Name (first and middle [if any])

 A petition has been filed for this unsigned inventor

Family Name or Surname

Bruce Allan

Philip

Inventor's Signature

(Signature)

NZX

Date

9-4-01

Residence: City

Auckland

State

Country New Zealand

Citizenship NZ

Post Office Address

15 La Veta Avenue, Mount Albert

Post Office Address

City

Auckland

State

ZIP

Country New Zealand

Name of Additional Joint Inventor, if any:

Given Name (first and middle [if any])

 A petition has been filed for this unsigned inventor

Family Name or Surname

Louise Anne

Malone

Inventor's Signature

(Signature)

NZX

Date

9/4/01

Residence: City

Auckland

State

Country New Zealand

Citizenship NZ

Post Office Address

5 Fitzroy Street, Ponsonby

Post Office Address

City

Auckland

State

ZIP

Country New Zealand

Name of Additional Joint Inventor, if any:

Given Name (first and middle [if any])

 A petition has been filed for this unsigned inventor

Family Name or Surname

Elisabeth Phyllis June

Burgess

Inventor's Signature

(Signature)

NZX

Date

9/4/01

Residence: City

Auckland

State

Country New Zealand

Citizenship NZ

Post Office Address

5 Fitzroy Street, Ponsonby

Post Office Address

City

Auckland

State

ZIP

Country New Zealand

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 3 of 3**Name of Additional Joint Inventor, if any:** A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Margaret Mary

Phung (Deceased - completed on
Added Page (Form 1-3) attachedInventor's
Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

ZIP

Country

Name of Additional Joint Inventor, If any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

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Given Name (first and middle [if any])

Family Name or Surname

Inventor's
Signature

Date

Residence: City

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Will

Made by:

MARGARET MARY PHUNG

of Havelock North, Married Woman

Dated:

21 Jan 91

1991

Earlier Wills

- I cancel my earlier wills.

Executor and Trustee

- I appoint the PUBLIC TRUSTEE of New Zealand ("my trustee") the executor and trustee of this will.

Funeral & Burial

- I direct that my funeral service be Catholic and my body buried.

Guardian

- If my husband HONG THAI PHUNG dies before me, I appoint his sister PHUNG THI HONG LIEN the guardian of my children.

Gifts

- I give:

- Five thousand dollars (\$5,000) to my parents NICHOLAS SOH KHIN HIAN and JOSEPHINE SOH SONG equally if both are living at my death or if only one is living at my death then to that one.

- All shares and rights to shares which I own at my death (other than those owned jointly) in any limited liability companies (including any dividends without apportionment on such shares which I have not received in my lifetime) equally to my children (including CAROLINE MARGARET PHUNG and MICHAEL NICHOLAS PHUNG) as are living at my death.

Residue

- I direct my trustee to hold the rest of my estate on trust:

- To pay my debts and funeral expenses, my trustee's administration expenses, and any death duty payable on my estate.

- To transfer the residue to my husband HONG THAI PHUNG.

- If my husband dies before me to divide the residue equally among my children (including CAROLINE MARGARET PHUNG and MICHAEL NICHOLAS PHUNG) as are living at my death.

M.M.P.

CERTIFIED TRUE A CORRECT COPY OF ORIGINAL DOCUMENT	
<i>[Signature]</i>	
for District Public Trustee	

The Public Trust Office



SUZANNE M. LEAHY
Trust Officer
Public Trust Central Service Centre
Lower Hutt

will of MARGARET MARY PHUNG

6.4 If my husband dies before me and no child of mine is living at my death, to transfer the residue to my parents NICHOLAS SOH KHIN HIAN and JOSEPHINE SOH SONG equally if both are living at my death or if only one is living at my death then to that one.

Maintenance Power

7. My trustee may use all or part of the vested interest of any child of mine under any clause of this will for that child's maintenance, education, advancement or benefit. Payments may be made for those purposes to the guardian of the child without my trustee requiring the guardian to account.

Administration Powers

8. My trustee may retain as assets of my estate any investments which I own at my death even if they are not investments authorised by law for the investment of trust funds. He will not be liable for any loss caused by their retention. The authority contained in this clause also extends to the assets given under clause 5.

Signed by MARGARET MARY PHUNG)
in our presence and attested by)
us in her presence:

Margaret Phung

Mary
Receptionist
Hastings

S. Deacon
Broker or manager
Hastings



09/743690

IN THE UNITED STATES PATENT AND TRADE MARK OFFICE

Rec'd PCT/PTO 11 MAY 2001

In re US National Phase of
PCT/NZ99/00110 of :

MARGARET MARY PHUNG, et
al

LEGAL MEMORANDUM

Application No.: Not yet assigned

Filed: Herewith

For: CHIMERIC POLYPEPTIDES
ALLOWING EXPRESSION OF PLANT-
NOXIOUS PROTEINS

I, ALASTAIR McKENZIE BOYLE, of Wellington New Zealand, Barrister and Solicitor provide this legal Memorandum for the purposes of assigning the above application.

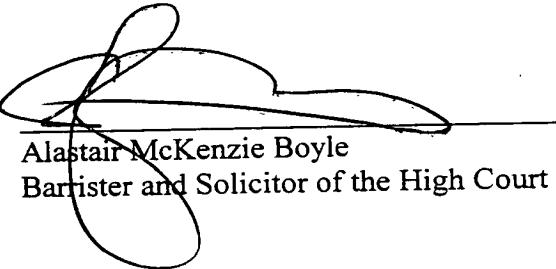
1. I am a Barrister and Solicitor of the High Court of New Zealand certified to practice in New Zealand and am familiar with the laws governing the administration of Estates in this country.
2. The purpose of this Memorandum is to explain why, in the administration of the Estate of Margaret Mary Phung, no Probate or Letters of Administration have been issued by the High Court in New Zealand for the administration of this Estate.
3. Margaret Mary Phung died on 23 April 1999 and attached to this Memorandum marked "A" is a certified true copy of her Death Certificate.
4. Margaret Mary Phung left a Will dated 21 June 1991, a certified true copy is attached marked "B".
5. The Will appointed the Public Trustee of New Zealand the trustee and executor of this Will. The Public Trustee is a corporation created under statute, namely the Public Trust Office Act 1957.
6. The Public Trustee has the power to administer small Estates without the grant of Probate or Letters of Administration through the High Court of New Zealand. Attached, marked "C" is an

extract from the Public Trust Office Act, section 72, which states in subsection (1) that where an Estate is less than \$100,000 and instead of obtaining a grant, may file in the High Court an election in writing under seal to administer the Estate of the deceased person.

7. As a matter of law in New Zealand, the Public Trustee is entitled to sign any document transferring or assigning property of Margaret Mary Phung and execute a valid and proper assignment of the above application under New Zealand law.
8. In the case of this particular Estate there are no Court documents or further evidence of the Public Trustee's appointment as the administrator of the Estate of Margaret Mary Phung and the Public Trustee's signature on any assignment document is all that is required or available to effect the assignment.

DATED

this 27th day of April 2001


Alastair McKenzie Boyle
Barrister and Solicitor of the High Court of New Zealand

New Zealand Death Certificate

Registration Number
1999010107

DECEASED

First/given name(s) (If different from above)	Margaret Mary
Surname/family name	Phung
First/given name(s) at birth (If different from above)	Soh
Surname/family name at birth	
Date of death	23 April 1999
Place of death	29 Juliana Place Palmerston North
Cause or causes of death (as specified in doctor's certificate or coroner's order)	Subject To Coroner's Finding

Name of certifying doctor	-
Date last seen alive by certifying doctor	-
Sex	Female
Age and date of birth	44 17 February 1955
Place of birth	Kuching Sarawak Malaysia
If not born in New Zealand number of years lived here	24
Usual home address	29 Juliana Place Palmerston North
Usual occupation, profession or job	Housewife
Date of burial or cremation	14 May 1999
Place of burial or cremation	Kelvin Grove Crematorium Palmerston North
Age of each daughter	15
Age of each son	12

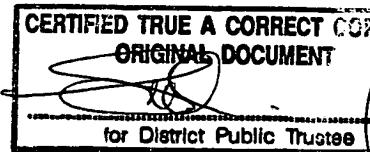
MOTHER: First/given name(s) (If different from above)		Josephine	PARENTS
Surname/family name		Soh	
First/given name(s) at birth		-	
Surname/family name at birth		Song	
Occupation, profession or job		Secretary	
FATHER: First/given name(s) (If different from above)		Nicholas	
Surname/family name		Soh	
First/given name(s) at birth		-	
Surname/family name at birth		-	
Occupation, profession or job		Public Servant	

Marital Status	Married	MARITAL DETAILS
Age at marriage	24	
Place of marriage	Palmerston North	
To whom married - First/given names(s)	Hong Thai	
To whom married - Surname/family name	Phung	
Age of spouse or former spouse	48	

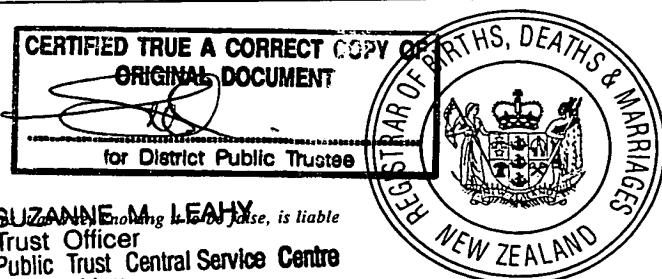
Certified true copy of particulars recorded by a Registrar

Issued under the seal of the Registrar on **19 day of May 1999**

CAUTION - Any person who (1) falsifies any of the particulars on this certificate, or (2) uses it for any purpose other than that for which it is issued, is liable to prosecution under the Crimes Act 1961.



SUZANNE M. LEAHY
Trust Officer
Public Trust Central Service Centre
Lower Hutt



Practioner's Docket N . 020829-000100US

ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR SIGNING BY ADMINISTRATOR(TRIX), EXECUTOR(TRIX) OR LEGAL REPRESENTATIVE ON BEHALF OF DECEASED OR INCAPACITATED INVENTOR (37 CFR 1.42 AND 1.43)

Tammy Sherrie fongsavanh (For and on behalf of the Public Trustee)
 (type or print name(s) of administrator(trix), executor(trix), legal representative or all heirs)

hereby declare that I am a citizen of New Zealand
 residing at Lower Hutt in New Zealand

and that I am executing and signing the declaration to which this is attached as
 (check one):

- the administrator(trix) of
- executor(trix) of the last will and testament of
- legal representative (or heirs) of

Margaret Mary Phung

Full name of (first, second etc.) deceased or incapacitated inventor

New Zealand

Country of citizenship of deceased or incapacitated inventor

29 Juliana Place, Palmerston North, New Zealand

Residence of deceased or incapacitated inventor

(Post Office Address of deceased or incapacitated inventor)

C1 - Public Trust, PO Box 31446, Lower Hutt

NOTE: The name of the first, second etc. deceased or incapacitated inventor should preferably also be filled in at the appropriate prior space of the declaration adding the words "deceased-completed on added page" or "incapacitated-completed on added page."

TAMMY SHERRIE FONGSAVANH

Trust Officer
Public Trust Centre Service Centre
Lower Hutt

Signature of executor - person authorized
 on behalf of the Public Trustee of New Zealand

NOTE: Proof of authority of the administrator(trix), executor(trix) or legal representative must be recorded in the PTO or filed in the application before the grant of the patent. 37 CFR 1.44.

NOTE: Application may be made by the heirs of the inventor if a certificate of the court will establish that they are all the heirs and the estate was not required to appoint an administrator. If the heirs are signing add lines for all the heirs to sign. MPEP § 409.01(a), 6th ed., rev. 3.

(Added Page to Combined Declaration and Power of Attorney for Signing by Administrator(trix), Executor(trix) or Legal Representative on Behalf of Deceased or Incapacitated Inventor (37 CFR 1.42 and 1.43) [1-3])